

DO/EO WORKSHEET

Paralegal/ National Stage Division

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INTERNATIONAL APPLICATION PAPERS IN THE APPLICATION FILE :

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| <input type="checkbox"/> Article 19 Amendments | <input checked="" type="checkbox"/> Request form PCT/RO/101 |
| <input type="checkbox"/> PCT/IPEA/409 IPER : <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU | <input type="checkbox"/> PCT/ISA/210 - Search Report : <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU |
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| <input type="checkbox"/> Annexes to 409 | <input type="checkbox"/> Search Report References |
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RECEIPTS FROM THE APPLICANT (other than checked above) :

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| <input checked="" type="checkbox"/> Basic National Fee (or authorization to charge) | <input checked="" type="checkbox"/> Preliminary Amendment(s) Filed on :
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| <input checked="" type="checkbox"/> Description <input checked="" type="checkbox"/> Claims <input checked="" type="checkbox"/> Abstract | <input checked="" type="checkbox"/> Information Disclosure Statement(s) Filed on :
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| <input checked="" type="checkbox"/> Drawing Figure(s) - (# of dwgs. <u>202</u>) | <input checked="" type="checkbox"/> Assignment Document (forwarded to Assignment Branch) |
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1. _____ 2. _____ |
| <input type="checkbox"/> Application Data Sheet | <input type="checkbox"/> Verified Small Status Statement |
| <input type="checkbox"/> Power of Attorney/ Change of Address | <input checked="" type="checkbox"/> Oath/ Declaration (executed) |
| | <input type="checkbox"/> DNA Diskette <input type="checkbox"/> Sequence Listing |
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NOTES :

☐ I.A. used as Specification ☐ Other :

35 U.S.C. 371 - Receipt of Request (PTO-1390)

Date Acceptable Oath/ Declaration Received

Date of Completion of requirements under 35 U.S.C. 371

Date of Completion of ALL requirements (no EP requested)

Date of Completion of DO/ EO 903 - Notification of Acceptance

Date of Completion of DO/ EO 905 - Notification of Missing Requirements

Date of Completion of DO/ EO 909 - Notification of Abandonment

Date of Completion of DO/ EO 916 - Notification of Defective Response

Date of Completion of DO/ EO 922

Date of Completion of DO/ EO 923

BEST AVAILABLE COPY

31 JAN 05
12 APR 05

REQUEST FOR PATENT FEE REFUND

2 Serial/Patent

10/522686

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

4

1-31-05

\$ 100

10

2

3

1

1

7 TOTAL AMOUNT
OF REFUND

\$ 100

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9

5	0	--	0	4	8	1
---	---	----	---	---	---	---

overpayment

Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

SIGNATURE:

OFFICE:

TITLE:

PHONE:

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED:

DATE:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**